



CHANGE OF COURSE WAIVER REQUEST

(HONORS/ADVANCED PLACEMENT)

Harry S. Truman High School

Students are recommended for classes based on several factors, including but not limited to success in prerequisite courses, performance on district, state, and standardized assessments, and teacher recommendation. A student who does not meet the criteria for recommendation may enroll in a course by completing this Waiver Request. This form must be completed and signed by both the student and parent/guardian for each course for which a waiver is requested.

Student Name: _____

Course: _____ **School Year:** _____

I request permission to take the course named above instead of the course recommended by the school. I realize that the pace of the instruction will be rapid and the course may include in-depth research, a multitude of independent projects, readings and papers and strong use of interpretive and analytical skills. **I understand that I must remain in this course for the entire year. I accept responsibility to meet all course requirements.**

Student Signature

Date

I am requesting the following change of placement for my child.

From: _____
Course Name/Number

to _____
Course Name/Number

As the parent/guardian of the student named above, I request that he/she be permitted to take the course named above in lieu of the course recommended by the school. I understand that the school does not concur with my child's and my decision to waive the course requirements and the teacher's recommendation. I realize that the pace of the instruction will be rapid and the course may include in-depth research, a multitude of independent projects, readings and papers and strong use of interpretive and analytical skills. **I understand that my child must remain in this course for the entire year. I accept responsibility to support my child in meeting all course requirements.**

Parent/Guardian Signature

Date

Counselor Signature

Date